PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

NOV 0 5 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Dr. Carl M. Ladd Name of lobbyist's partnership, firm or corporation, if any: New Hampshire School Administrators Association (NHSAA) (Name of partnership, firm or corporation) 46 Donovon Street, Suite 3 Concord NH 03301 Business Address: (Street) (Town/City) (State) (Zip Code) (603) 225 3230 (603) 225-3225 e-mail carl@nhsaa.org (Telephone) (Fax) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). ☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) OR [] All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 25, 2018 July 25, 2018 🔲 Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 October 31, 2018 XX January 30, 2019 🗌 activity from 7/1/18 to activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204. Concord, NH 03301. VI. Check if additional reports are attached: ☐ X If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions. Sworn Statement/Affirmation by Lobbyist & 15.BSA 1/5-B ∕R\$∕A 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true

knowledge and belief.

(Print Name of lobbyist)

L A S E P R

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Carl M. Ladd	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client NH School School Administrators Association De	ate10/31/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The granduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$9,486.00
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ <u>4,743.00</u> ar)
c) Total of all fees received to date	
(Add lines a and b)	c) \$_14,22900
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lest being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses of the state of the stat
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
 Total aggregate of expenditures during this reporting period, not reported n a), of \$25 or less. 	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	s
Sworn Statement/Affirmation by Lobbyist	
• •	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
(Signature/of lobby/st) A Ladd	10/31/18 (Date)
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:					
Name of Lobbying partnership, firm, or corporation:					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to					
any			·		
particular client):	NHSAA				
Date of Report (check April 25, 2018 □	k <i>one):</i> July 25, 2018 □	October 31, 2018 X	January 30, 2019 □		
I have read RSA 15, the following Addendates submitted):	RSA 15-B, RSA 664, lums submitted with t	the Statement of Income at hat Statement (insert the n	nd Expenses described above, and umber of Addendum forms being		
X Addendum A	(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affin complete to the best of (Signature of loobyist)	m that the foregoing if my knowledge and be	nformation on the Statemer	nt and each Addendum is true and /////8 (Date)		